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Naval Service Medical News (NSMN) (96-12)
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HEADLINE: Teledermatology Proves Successful Aboard GW

USS GEORGE WASHINGTON (NSMN) -- On 15 March, USS GEORGE WASHINGTON (CVN 73) successfully demonstrated a new capability of its prototype telemedicine suite: teledermatology. This demonstration successfully linked a patient and physicians aboard an aircraft carrier at sea in the Mediterranean with a dermatologist at Naval Medical Center Portsmouth, VA, for a consultation.

The patient, an Airman Recruit assigned to the ship's galley, had a severe rash to his upper extremities, neck and torso that had been resistant to several different courses of medication over the preceding weeks. It was time for a dermatologist to be called in.

The nearest dermatologist to GEORGE WASHINGTON at the time was based at Lanstuhl, Germany. A consultation would normally have meant a costly medical evacuation, multiple plane flights, and the loss of the crew member for a week or more. Instead, thanks to the telemedicine capabilities aboard GEORGE WASHINGTON, a satellite link connected the ship's Medical Department with MAJ Laura Pratt, an Army dermatologist assigned to NMC Portsmouth. Using video teleconferencing equipment and a special dermatology microscope, GW physicians presented the patient's history while Pratt "examined" the patient's skin. The image quality, which was good enough to resolve individual hair follicles, allowed a diagnosis to be made (dishydrotic eczema) and appropriate treatment to be instituted.

"Although the case was not an emergency or spectacular traumatic injury, the patient benefited from the expertise of a specialist not normally available aboard ship," said GW's senior medical officer CDR Dean Bailey, MC, praising the impact telemedicine has on operational forces.

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HEADLINE: STOUT Observes Navy Nutrition Month

USS STOUT (NSMN) -- USS STOUT (DDG 55) is observing Navy Nutrition Month with the goal of raising nutritional awareness and promoting the health and well-being of the crew.

STOUT has developed a menu that appeals to a variety of tastes while offering low-fat, healthy alternatives with every meal.

"Slider Day (hamburgers) is popular with the crew, but we also offer baked fish or skinless chicken breasts," said MS2 Terry Whitman. "You'd be surprised how many people choose the low-fat items."

Through training lectures, plan-of-the-day notes, and a continuous menu review process, STOUT emphasizes the benefits of a health-promoting diet and assists Sailors in making healthy choices.

"The use of baked instead of fried food, the availability of fresh fruits and vegetables, and the low-sodium content of items combine to make this a very healthy menu," said HM1 Derrell Jackson. "STOUT serves the best food I've had in 13 years of active duty."

Although March is Navy Nutrition Month, making healthy choices should be a year-round focus.

Story from NavEurNews Service 96-12 of 21 March 1996

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HEADLINE: Guam Conducts Shipboard Blood Platelet Drive

USNH Guam (NSMN) -- U.S. Naval Hospital Guam conducted what is believe to be the first donor blood platelet collection (plateletpheresis) aboard a Navy vessel early last month. Using a portable plateletpheresis unit, laboratory technicians from the hospital went aboard USS HOLLAND (AS 32) and demonstrated the feasibility of using shipboard personnel as platelet donors.

While HOLLAND's Medical Department conducted an extremely busy sickcall, the three-person Laboratory Department team completed the whole procedure, from setting up to breakdown, in less than three hours. Transfusable platelet products have a very short shelf life -- five days -- and can be difficult and time-consuming to obtain when using the older, more common procedure of manufacturing platelet products by collecting units of whole blood. Six to 10 whole blood donations would be required to match the same number of platelets present in one single donor plateletpheresis unit.

The advantage that plateletpheresis offers forward or overseas sites is a means to support platelet requirements for combat casualties or, in peacetime, critically injured personnel, where transportation to larger and more capable stateside facilities would be impractical due to the unstable condition of

the patient, prohibitive costs or flight availability.
Story by LT John Van Patten, MSC, USNR, U.S. Naval Hospital Guam
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HEADLINE: Corpsman Uses Heimlich Maneuver in Hospital Cafeteria
NMC San Diego (NSMN) -- For HM2 Terry Johnson, who is assigned to the Office of Continuous Improvement at Naval Medical Center San Diego, being a hero is "just part of the job."

Recently, reluctant hero Johnson was in the Dining Facility heating his lunch when he heard a woman scream, "Help! My daughter is choking!"

"My training kicked in immediately," Johnson said. "I yelled to a shipmate to call for help and then pulled the woman to an upright position and began to perform the Abdominal Thrust Standing Technique -- also known as the Heimlich Maneuver.

"A piece of food was dislodged, and the woman sat down," he said. "But then she got back up and began pointing frantically to her throat. I grabbed hold of her and repeated the procedure until the remaining food was dislodged.

"When she began coughing and sputtering, I knew her airway was clear. She told me she was okay, thanked me, and then both women left the chow hall. I never thought to get her name or to give her mine," Johnson said. "I was just doing what I've been trained to do."

Johnson, 33, has been in the Navy 15 years, seven of which were spent with the Fleet Marine Force. A veteran of both Operations Desert Shield/Storm in the Persian Gulf and Operation Provide Promise in Somalia, he said this was the first time he has ever been called upon to perform the Heimlich maneuver.

Story by Ms. Pat Kelly, Naval Medical Center San Diego

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HEADLINE: Corpsman Awarded the Navy and Marine Corps Medal

NAVHOSP Oak Harbor, WA (NSMN) -- HM3 Greg Bracken of Naval Hospital Oak Harbor's laboratory department was recently cited for heroism by the Chief of Naval Operations and awarded the Navy and Marine Corps Medal.

On 14 August 1995, while on leave in North Dakota, Bracken rescued an 88-year-old Catholic priest who had lost control of his vehicle and plunged into Devil's Lake. While confronting 40 knot wind gusts and four feet waves, Bracken, with complete disregard for his own safety, jumped into 12 feet of zero-visibility water and swam 30 feet onto the lake where the car was rapidly sinking. He dove three times before finding the victim, who had been underwater for approximately 45 seconds, and pulled him through the window, safely to shore. Emergency care was rendered on the beach.

"As soon as I saw the car out in the lake, I think my adrenaline kicked in," said Bracken. "As I ran toward the lake, I kept thinking, 'I hope I'm in time.' Once things started happening, my training took over."

Following the incident, Bracken learned that he had rescued the priest who had baptized him 21 years earlier.

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HEADLINE: Corpsmen Excel at SubGroup Two SOY Competition

NAVHOSP Groton, CT (NSMN) -- Corpsmen from Naval Hospital Groton led Navy medicine to a strong showing at the Commander, Submarine Group Two Sailor of the Year competition.

HM3 Richard W. Schulz, who works at Naval Hospital Groton's Branch Medical Clinic in Ballston Spa, NY, was selected from Sailors throughout the northeast region as the SubGroup's Junior Sailor of the Year.

Schulz manages the Navy's largest Radiation Health program, yet finds time to make significant contributions to the local community. He served as a volunteer Ambulance Attendant for the Saratoga Emergency Ambulance Squad and was a key player in fund-raisers for the American Cancer Society and bone marrow drives in conjunction with the C.W. Young National Marrow Center. He and his wife Heidi reside in Saratoga Springs, NY. His sister is also serving in the Navy as a Yeoman Third Class in Yokosuka, Japan.

HM1 Paul B. Becht, an advanced medical repair technician, was selected as a finalist from a highly competitive field in the Senior Sailor of the Year category. In addition to his regular duties at Naval Hospital Groton, he served as the regional Biomedical X-Ray specialist for the northeast region, which took him as far away as Naval Air Station Brunswick, ME. A sports enthusiast, he was a key member of the command's Physical Readiness Committee and also volunteered at both the Connecticut State and World Special Olympic Games. Becht's wife Joan is a Dental Technician First Class stationed at the Medical Admin Technician "C" School in San Diego.

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HEADLINE: Corpsman is Medical Recruiter of the Year for 1995

CNRC Washington (NSMN) -- Congratulations to HMC(SW/FMF) Anthony L. Compton, of Navy Recruiting District Memphis, TN. Compton was named 1995 Medical Recruiter of the Year by the Commander, Navy Recruiting Command.

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HEADLINE: USNH Okinawa Sailor Honored As 'Best In The Business'

USNH Okinawa (NSMN) -- DP3 Sean R. Jones recently earned top honors as the BUMED 1996 Enlisted Management Information Officer of the Year. Jones was recognized by the Naval Medical Information Management Center as being the "best" among his peers for his significant contributions in the implementation of the Composite Health Care System (CHCS) at U.S. Naval Hospital Okinawa and the outlying Branch Medical Clinics and also for superb customer support.

Jones calls Warrensville, OH, his home and has been a member of the Navy team for two years. Prior to joining the service, Jones earned a bachelor's degree in Business Administration from Ohio University. "Petty Officer Jones doesn't know the meaning of the word 'can't'," said LT R. Makarski, MSC, head of the hospitals Management Information Division. "He is a solid 'can-do' Sailor, who when presented any challenge meets and exceeds

all expectations."

Story submitted by HMCM(SW) M.C. Carr, U.S. Naval Hospital
Okinawa

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HEADLINE: Jacksonville Recognizes Red Cross Volunteers

NAVHOSP Jacksonville, FL (NSMN) -- President Bill Clinton, in a message to the Department of Defense, declared March as Red Cross Month and Naval Hospital Jacksonville, which benefits greatly from Red Cross volunteers, could not agree more.

In his proclamation, the President said, "In the past year, the American Red Cross has carried on its extraordinary legacy across the country and around the world. ... And today, as Operation Joint Endeavor works to secure the peace in Bosnia, the Red Cross is facilitating emergency communications between our troops and their families at home." A little closer to home, Red Cross Volunteers are hard at work at Naval Hospital Jacksonville.

The hospital's Red Cross program has been in existence for about 20 years, according to Mrs. Helen Donahoe, the hospital Red Cross chairman and also a volunteer. She said, "We have about 130 hospital volunteers that work more than 2,200 hours each month."

Mrs. Billye Coats, a Red Cross volunteer for 46 years, said, "The hospital has a training program for volunteers. We have a really good group of people."

Hospital volunteers receive two types of training. The first type of training is to become Red Cross certified. It's training that all hospital volunteers need and is accomplished in a one-day training class. The second type of training is on-the-job training and is received in the area where they are assigned to work.

The next time you visit Naval Hospital Jacksonville and see a volunteer, please say "thank you," because at this hospital, every month is Red Cross Appreciation Month.

Story by HM2 Terresa White, Naval Hospital Jacksonville

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HEADLINE: Halyburton Naval Hospital Salutes Red Cross Volunteers

NAVHOSP Cherry Point, NC (NSMN) -- The month of March is National Red Cross Volunteer month. To show our appreciation for the great service these volunteers provide, a ceremony was held at Halyburton Naval Hospital (MCAS Cherry Point, NC) on 21 March. Commanding Officer CAPT Vernon Peters gave a history of the Red Cross, telling how its original ideals were to aid service members and latter evolved into civil relief in times of disaster. Each volunteer was presented a certificate of appreciation as a thank you for their dedicated service. Ms. Ada Wiggins of the Family Practice Department serenaded the group with her song, Made Up Mind. After the ceremony, a reception was held with food donated by staff members.

Over 50 volunteers give their time at Halyburton Naval Hospital in a variety of capacities such as greeting patients and visitors at our front desk, operating the over-the-counter pharmacy, and assisting in the Family Practice Clinic. With

budget cut backs and ever-growing commitments and responsibilities, the service these volunteers provide is priceless.

Story by LTjg John M. Daniels, MSC, USNR, Naval Hospital Cherry Point

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HEADLINE: Results Of Survey Of Health-Related Behaviors Released
DOD Washington (NSMN) -- The Department of Defense announced on 8 March the final results of its 1995 Worldwide Survey Of Health Behaviors among military personnel. The report shows that the usage of alcohol, tobacco and illicit drugs are at the lowest rates since the surveys began measuring certain health-related behaviors in 1980.

This survey is the sixth in the series of confidential anonymous, standardized surveys which ask active duty service members about various health behaviors, including the use of illegal drugs, tobacco, alcohol, and at-risk sexual behavior. The survey was revised this year to assess selected national health status goals reflected in the healthy people 2000 objectives, mental health of the force, and specific health concerns of military women. Over 16,000 service members selected to represent men and women in all pay grades of the active force throughout the world completed the survey.

Between 1980 and 1995, the survey shows a continuing decline in the use of illicit drugs, alcohol, and cigarettes by military personnel. When first surveyed in 1980, 27.6 percent of the active force acknowledged use of illicit drugs during the month prior to being questioned. In 1995, 3 percent reported using illicit drugs. Heavy drinking declined from 20.8 percent in 1980 to 17.1 percent in 1995, while cigarette smoking declined from 51 percent to 31.9 percent during this same period.

While the overall reported rate of illicit drugs is very low, the usage rate continues to be concentrated among service members who are male, younger, less educated, single, and lower pay grade. Marijuana remains the most frequently reported illicit drug used by personnel in the prior month (1.7 percent), followed by LSD/hallucinogens and analgesics (0.6 percent each), amphetamines/stimulants (0.5 percent), and cocaine and tranquilizers (0.3 percent each).

The average daily consumption of alcohol per service member has decreased 44 percent in 15 years, from 1.48 ounces per person in 1980 to 0.83 ounces in 1995. This reflects the continuing increase in the percentages of people who abstain from alcohol or who are infrequent/light drinkers (from 25.6 percent in 1980 to 39.7 percent in 1995). While this trend to less drinking is decidedly positive, heavy drinking remains problematic. (Heavy drinking is defined as five or more drinks per occasion at least once a week.) The decline in heavy drinking since 1980 may be largely attributed to changes in the sociodemographic composition of the active force rather than true changes in consumption rates. Relative to 1980, a larger proportion of the military is now in the demographic groups that are less likely to be heavy drinkers. Nevertheless, between 1980 and 1995, significant

declines were found in the percentages of personnel experiencing alcohol-related serious consequences, productivity loss, and symptoms of dependence.

Smoking also shows a continuing declining trend. From the peak rate of 51.4 percent in 1982, the rate of cigarette usage reported in the 30 days prior to completing the survey has dropped to 31.9 percent. While still above the healthy people 2000 objective of 20 percent, this rate is down significantly from the 1992 rate of 35 percent. The rate of smokeless tobacco use during the past 30 days was 13.2 percent. Use was inversely related to age and was highest among young males ages 18 to 24 (21.9 percent).

The survey also gathered information on selected healthy people 2000 objectives pertaining to exercise, body weight, blood pressure awareness and control, cholesterol screening, seat belt and helmet use, condom use, pap tests, and substance use during pregnancy.

Overall, the military in 1995 had met or exceeded the five healthy people 2000 target goals for overweight for those age 20 and older, strenuous exercise, seat belt use, pap smears ever received, and pap smears received in the past three years. Other targets had been met by at least some demographic subgroups within the active force. Additionally, the active force was within 10 percentage points or less of reaching the targets for no cigarette use during pregnancy, condom use, overweight for personnel under age 20, and helmet use by motorcyclists.

By examining stress, coping mechanisms, symptoms of depression, and relationships between alcohol use and mental health, the survey indicates that most military personnel have good mental health and have appropriate coping mechanisms for managing stress. The most frequently reported stressful event for both men (23.7 percent) and women (21.1 percent) was family separation. The three most commonly used strategies for coping with stress were adopting a problem-solving approach, seeking social support, and engaging in health-related behaviors such as exercise.

Story by the Office of the Assistant Secretary of Defense for Public Affairs

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HEADLINE: DOD, Cancer Institute Become Research Partners

AFPS Alexandria, VA (NSMN) -- Department of Defense medical beneficiaries will now have the opportunity to participate in clinical trials of new cancer treatments sponsored by the National Cancer Institute.

DOD and the institute signed an agreement 5 March that give DOD access to clinical research, and DOD patients can receive care through institute-sponsored research activities, defense officials said.

The agreement allows DOD beneficiaries to participate either through medical treatment facilities approved to conduct the trials or through civilian providers reimbursed through TRICARE or CHAMPUS, officials said.

The agreement authorizes DOD patient participation in Phase

II and Phase III clinical trials. Phase II trials evaluate the effectiveness of a new drug or other treatment after Phase I trials have studied its safety and feasibility. Phase III trials compare a standard therapy to a new treatment shown effective in Phase II.

Officials said DOD shares public and scientific concern about disappointing cure rates under standard cancer therapies.

In the past, only DOD breast cancer patients could participate in approved trials through the direct care system and in limited circumstances through DOD-reimbursed civilian care. Beneficiaries can now receive state-of-the-art care through cancer institute activities throughout the country, officials said.

DOD will pay for all medical care connected with the trial, including inpatient and outpatient care, diagnostic and lab services and chemotherapy agents, except those agents being tested as part of the clinical trial. DOD will not pay for any nontreatment research activities associated with participating, officials said, and patients will not have to pay for these research costs.

The institute will provide a user-friendly, active information system through an expansion of the Physician Data Query. This gives physicians quick access to open available trials at the nearest or most appropriate institution or physician participating.

The National Cancer Institute sponsors extensive clinical trials to evaluate therapy. Its programs have led to development of most of the various treatments in clinical cancer, officials said.

Care providers seeking program information or authorization for treatment in an institute-sponsored trial should call 1 800 779-3060.

Story by American Forces Press Service

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HEADLINE: Operation Deep Freeze Needs a Few Good Corpsmen

NSF Antarctica (NSMN) -- Hospital Corpsmen looking for adventure in Antarctica can join up with Naval Support Force Antarctica for the upcoming deployment to the southern continent as a part of Operation Deep Freeze. The six-month deployment begins in September and ends in March.

Operation Deep Freeze needs a select group of Hospital Corpsmen with the following NECs and pay grades: nine General Duty Corpsmen (0000/8404) E3-E5, one Advanced Radiographic Technician (8452) E4-E5, one Surgical Technician (8483) E4-E5, and one Advanced Medical Diving Technician (8493) E4-E6.

Naval Support Force Antarctica deploys to Antarctica during the austral summer to provide logistical support to the National Science Foundation's U.S. Antarctic Program. An EPMAC message requesting volunteers will be published in April by the Enlisted Personnel Management Center in New Orleans. For further information call HMC Brian Findley or HMC Eric Kees in Port Hueneme, CA, at DSN: 551-5950/1 or COM: (805)982-5950/1.

Story by Naval Support Force Antarctica Public Affairs

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HEADLINE: TRICARE Questions and Answers

BUMED Washington (NSMN) -- As TRICARE comes on line across the country, beginning last year and expected to be available throughout the United States by May 1997, questions about this Department of Defense managed health care program come up. Each week, the Naval Service Medical News will include "TRICARE Questions and Answers" to answer them.

Q: Will a Prime enrollee with a civilian Primary Care Manager (PCM) be able to use a military medical treatment facility (MTF) for acute care or emergency room services?

A: Network and military PCMs are responsible for their enrollee's care at all times and must be aware of and approve all medical care except true emergencies. Prime enrollees with civilian PCMs must obtain approval before using MTF health services. The same is true for enrollees with military PCMs. Emergency care does not require pre-certification.

Q: If I have a grievance for services rendered under the TRICARE program, who can I contact?

A: Any grievance should be reported to the MTF Commander or lead agent. Generally, the regional Managed Care Support Contractor will be responsible for grievances for services rendered by civilian network providers under the TRICARE Program. Contact the nearest TRICARE Service Center for more information. Grievances relative to NAS decisions should be submitted to the MTF Commander.

If you have questions about TRICARE you'd like answered in this column, please contact the editor (see last paragraph of this message on ways to do so).

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3. Changes of Command: Information on new assignments of Navy Medical Department leaders.

HEADLINE: Naval Medical Logistics Command Gets New Commander

NMLC Fort Detrick, MD (NSMN) -- CAPT Thomas R. Defibaugh, MSC, took over as the new commander for the Naval Medical Logistics Command at Fort Detrick in a 19 March ceremony that also marked the retirement of CAPT Terry Irgens, MSC, who had been NMLC commander for the last two years.

Guest speaker for the dual ceremony was Deputy Chief, Bureau of Medicine and Surgery (BUMED), RADM S. Todd Fisher, MSC. "Under Captain Irgens' leadership you've already orchestrated major changes in the system," said Fisher, who praised Irgens for leading the command to improving pharmaceutical purchase and delivery and streamlining operations, among other things. Irgens' accomplishments were recognized by a Legion of Merit award.

Defibaugh, whose previous assignment was as Deputy Assistant Chief BUMED for Logistics, said he was "honored and pleased to have been chosen to lead this superb command." Fisher told the 400 civilians, soldiers and sailors gathered for the ceremony that Defibaugh "brings a great deal of good old common horse sense" to the job.

Condensed from a story by Matthew Barakat, Frederick (MD) Post

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